The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Substance Addiction Recovery Program (SARP)
Nursing Employment, Primary Supervisor Report

Name of SARP Participant: _____

License Type and Number: _____

Participant's Work Title: _____

Participant's Date of Hire: _____

Supervisor Name and Title: _____

License Type and Number: _____

Work Phone Number: _____ Email: _____

Employer Name: _____

Employer Address: _____

Time period covered by this report: _____ to _____

Attendance/ Tardiness	
What is the number of times the participant has been absent in the past 3 months?	
What is the number of times the participant has been tardy in the past 3 months?	
Was documentation provided to justify the excuse for the absence(s)/ instances of tardiness? If so, please briefly describe:	☐Yes ☐No ☐ NA
Was there administrative action because of the absence(s)/instances of tardiness? If so, please briefly describe:	☐Yes ☐No ☐ NA

Nursing Practice

In the previous 3 months, has the participant maintained appropriate professional interactions with:

1.Peers: ☐ Yes ☐No 3. Patients/residents: ☐Yes ☐No

2. Supervisors: ☐ Yes ☐No 4. Families/others: ☐Yes ☐No

Please explain as needed:

In the previous 3 months, has the Participant:

1.Demonstrated overall expectations of the nursing role: ☐Yes ☐No

2.Followed policies and procedures: ☐Yes ☐No

3.Demonstrated accuracy in documentation: ☐Yes ☐No

4.Exercised reasonable clinical judgement: ☐Yes ☐No

5.Sought supervision when necessary: ☐Yes ☐No

6.Demonstrated reasonable problem-solving abilities: ☐Yes ☐No

7.Completed assignments on time: ☐Yes ☐No

8.Does the participant pass medications? ☐Yes ☐No

If yes, what type of medications do they handle: ☐Basic Medications ☐ with narcotic privileges

If yes:

A. Did the participant administer medications without incident? ☐Yes ☐No

B. If passing controlled substances, were there instances when participant failed to reconcile or resolve discrepancies with handling, administering, and wasting controlled substances? ☐Yes ☐No ☐NA

Please explain as needed:

Please attach additional documentation as needed.

Please supply additional comments or recommendations here:

Please attach additional documentation as needed.

Please call SARP Staff at (617)973-0904 to report concerns, report evidence of a lapse/relapse, or with questions. This form may be mailed to the address found in the letterhead or faxed to (617)887-8786.

SUPERVISOR SIGNATURE:_____ DATE:_____